

2339

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 100

Registrar's No. 114

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 210 Globe Miami Hwy
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 7 yrs; In Arizona 25 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. 210 Globe Miami Highway; (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____
3. (a) FULL NAME Letha Bell Allen (b) If Veteran name war No (c) Social Security No. none

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Oran W. Allen 6. (c) Age of husband or wife, if alive 59 yrs

7. Birthdate of deceased Feb 14 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 7 hrs. min.
If less than one day

9. Birthplace Pykesville Louisiana
(City, town or county) (State or Country)

10. Usual Occupation Domestic

11. Industry or Business _____

12. Name David Wright 13. Birthplace Randolph Ala
(City, town or county) (State or Country)

14. Maiden Name Margaret Earline Robinson 15. Birthplace Pykesville Louisiana
(City, town or county) (State or Country)

16. (a) Informant's own signature Oran W. Allen
(b) Address B-1 Miami

17. (a) Burial, Cremation or Removal Removal
(b) Place Thatchery (c) Date Mar 12 1944

18. (a) Embalmer's Signature J. May Miles Jr
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz

19. (a) March 15, 1944
(Date received Local Registrar)
(b) Kerou J. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar 11, 1944
TIME (Hour and minute) 4:45 A. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Mar 11, 1944
that I last saw h alive on Mar 7, 1944

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Carcinoma - Gastric
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: None
Of operations: None

Of autopsy None
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Russell R. Moore M. D.
Address Miami Inf Hosp Date signed Mar 12/44

DURATION

9 mo

PHYSICIAN

Underline the cause to which death should be charged statistically